DATENT	ADDLICATION	FEE DETERMINATION	DECORD
PAIENI	APPLICATION	FEE DE (ERMINATION	RECORD

Application or Docket Number

Effective October 1, 2000									862	_	217)	
							SMALL ENTITY TYPE		OR	OTHER THAN			
TC	OTAL CLAIMS		7	1			RAT	Ε	FEE]	RATE	FEE	
FOR NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00				
TOTAL CHARGEABLE CLAIMS			7) min	nus 20= *			X\$ 9	=		OR	X\$18=	18	
INDEPENDENT CLAIMS			/ mir	nus 3 =	*	3	X40			1	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT							OR		240	
* If the difference in column 1 is less than zero enter "0" in solumn					olumn 2	+135			OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II						TOTA	\L		OR		968		
	C	LAIIVIS AS A (Column 1)	MENDED	- PAR Colur)		(Column 3)						OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>	X40=	=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	PENDENT	CLAIM		+135	=		OR	+270=		
	/						TO				TOTAL	3	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F	EE			ADDIT. FEE	,,	
AMENDMENT B	July 1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$ 9	-		OR	X\$18=		
AME	Independent	*	Minus	***	F OL AINA	=	X40=	=	,	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270=		
							TOI	AL		OR I	TOTAL		
		(Column 1)		(Colui	mn 2\	(Column 3)	ADDIT. F	EE I		011	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=	·	
ME	Independent	*	Minus	***		=	X40=		19		X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			\dashv		OR			
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2 write	e "()" in co	lumn 3	+135			OR	+270=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest Number (aund in the encourage hour).												

											
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS		1 1001011	(Column 1)		um z	·	TYPE		SMALL ENTITY		
FOR			12/4/13/18/14/17			BASIC FE	FEE	_	RATE	FEE	
			· · · · · · · · · · · · · · · · · · ·	14()1(4)	BER EXTRA	197/3/0 1-6	E 370 00) OB	BASIC FEE	740 00	
TOTAL CHARGE		·	mus 20	·		X\$ 9#		UR	X\$18±		
INDEPENDENT C		J	nious 3 😇			¥42±		OR	X84=		
MULTIPLE DEPE	ADENT CLAIM D	PRESENT				+140=		OB	±280÷		
If the difference	e in Colamn 1 is	less than z	ero, enter	"0" in (column 2	10:1/d.	 	- 1	TOTAL		
1 C	LAIMS AS A	MENDE	D - PAR	TH				١, , ,	OTHER	THAN	
	(Column 1) CLAIMS	Park Company	(Cotur		(Column 3)	SMALL	ЕМЛПҮ	OR.	SMALL		
Total Independent	REMAINING AFTER AMENDMENT		NUME PREVICE PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	36	Minus	.2		5	X\$ 9=		OR	Ж\$18≃	90	
Independent FIRST PRESE	NTATION OF M	Minus III Tipi e De	PENOENT	6		X42=		OR	X84=	252	
.,		0011110000	- CNOCIVI			+140=		OR	+280 =		
						TOTAL ADDIT FEE		OR a	TOTAL DDIT FEE	· · · · · · · · · · · · · · · · · · · 	
	(Column 1)	Caralina and	(Colun		(Column 3)			,	OCAL PER	:	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independent	*	Mińus	**		=	X\$ 9=		OR	X\$18=	<u> </u>	
independent	*	Minus	***		=	X42=			X84=		
FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		7.12-		OR	704≡		
						+140=		OR	+280=		
	· · ·					ADDIT. FEE		OR A	TOTAL DDIT. FEE		
	(Column 1)		(Colum		(Column 3)						
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
Independent	4	Minus	***		=	X42=		İ	X84=		
FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM				OR	A04=		
					4	+140=		OR	+280=		
If the entry in colu	mber Previously P	ald For" (IN TH	IS SPACE IS	less tha	n 20, enter "20."	TOTAL ADDIT, FEE		OR ,	TOTAL DDIT. FEE		
The Highest Number 1	imber Previously P nber Previously Pa	ald For" (N TH ld For" (Total c	IIS SPACE is or Independe	s less tha ent) is the	ri 3, enter *3." highest number	· /	propriate box				
=	· ·				-	• •	•				